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Reply to comment on World Kidney Day 2016: averting the legacy of kidney disease—focus on childhood

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Dear Editors,
Dr. Potter is correct [1]. The use of HTN/hypertension instead of HN/hereditary nephropathy in the body of Table 1 in the footnote

to our table in our editorial in *Pediatric Nephrology* [2] resulted from a mistake in editing that we failed to correct in the proof. We apologize for this error and for the inconvenience caused.

Table 1 Etiology of chronic kidney disease in children

CKD		ESRD	
Etiology	Percentage (Range)	Etiology	Percentage (Range)
CAKUT	48–59 %	CAKUT	34–43 %
GN	5–14 %	GN	15–29 %
HN	10–19 %	HN	12–22 %
HUS	2–6 %	HUS	2–6 %
Cystic	5–9 %	Cystic	6–12 %
Ischemic	2–4 %	Ischemic	2 %

Rare causes include congenital NS, metabolic diseases, cystinosis

Miscellaneous causes depend on how such entities are classified

CAKUT: Congenital anomalies of the kidney and urinary tract; GN: Glomerulonephritis; HN: Hereditary nephropathy HUS: Hemolytic uremic syndrome

*from Harambat et al. CKD data are from NAPRTCS, the Italian Registry and the Belgian Registry. ESRD data are from ANZDATA, ESPN/ERA-EDTA, UK Renal Registry and the Japanese Registry.

✉ Julie R. Ingelfinger

References

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1. Potter D (2016) Comment on: World Kidney Day 2016: averting the legacy of kidney disease—focus on childhood. *Pediatr Nephrol*. doi: 10.1007/s00467-016-3393-6
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